TR/		EXPENSE CLAIM				ns and *Pr				•			· · · · · · · · · · · · · · · · · · ·	•
STD. 2	62 (REV. 1	0/92)		State	ement On	Reverse S					Page	1of	1 F	'ages
CLAIMA	ANT'S NAM	ME				SSAN OR	EMPLOYEE	NUMBER*			DEPAR		. EE:	
	Thom	nas .		CB/ID NUMBE	<u> </u>	DIVISION	OR BUREAL	ı-			JGOVE	ernor's C	TINDEX NUM	BER
POSITI				CRUD NOMBE	:K			, ecretary	of F	Educatio	าท		131	,
	retary	RESS *	1				ARTERS ADD		OI L	<u>-uucau</u>	711		TELEPHON	ENUMBER
		eet #600					Street						916-322	2-9204
CITY	LOUE	361 #000	STATE		ZIP CODE	CITY						STATE		ZIP CODE
Sacr	ament	0	ca	9	95814	Sacrar	nento			·		ca		95814
1) MOI	NTH/YEAR	(3)	(4)	(5)	MEALS		(6)	(7)	TRA	ANSPORTA	TION		(8)	(9)
June	09					07.10		(A)	(B)	(C)	(D) PRIVATE CAR USE		BUSINESS	TOTAL
[2)	.1	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK-		O.T., L/T, N/C, RELO.	INCIDEN-	COST OF	TYPE	CARFARE, TOLLS,		r	EXPENSE	FOR DAY
DATE	TIME	WEILE BYOUTHED		FAST	LUNCH	OR DINNER	TALS	TRANS.	USED		MILES	AMOUNT		
	0530 -												· .	4404
<u> </u>	ļ	Sacramento/Santa Fe		4.99	6.11		3.81			 				14.91
)8	-				40.00	40.00							·	28.00
	-	Santa Fe	 		10.00	18.00			-			·		20.00
)9	1930	Santa Fe/Sacramento		4.98	10.00			14.27		27.00				56.25
	1400 -			1.00	10.00			, , <u>, , , , , , , , , , , , , , , , , </u>						
11		Sacramento/Modesto				18.00								18.00
	<u> </u>		·									: .		
12	1900	Modesto/Sacramento		6.00							ļ			6.00
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10)	-		-											
,	SUB	TOTALS		15.97	26.11	36.00	3,81	14.27		27.00				123.16
	mi Ebank	(CODE (ACCTG USE ONLY)		10.07	20									
111111111111111111111111111111111111111	SHRRIG	destructions and the research transmission	<u> </u>		1111111111111111111			,	,,,,,,,,,					
	CLA	IM TOTAL										\$		<u> 123.16</u>
1) PU	RPOSE OF	TRIP, REMARKS AND DETAILS (Attach red	eipls/vouchers	when required)						(12) N	ORMAL WOR	K HOURS	
6/7-	9/09 N	GA Center for Best Practces/	Governor's	s Educatio	n Adviso	rs, Santa	Fe, New	Mexico						·
6/11	1.12/00	CPSUV Board Meeting, Mode	sto CA								(13) P	RIVATE VEHI	CLE LICENSE	NUMBER
0/1	12/03	OF SOV DOALD MEETING, MODE	310, 071								(3.4) M	ILEAGE RAT	E CLAIMED	
											(14)10	ILLAGE NAT	LOLAIMED	
		•												
													OUNTNG ONLY	* : * : * : * : * : * : * : * : * : * :
	·	· · · · · · · · · · · · · · · · · · ·											FUND CHECK	
				•								. ,		
5)	I HERBY C	CERTIFY That the above is a true statement of	f the travel expe	enses incurred	by me in acco	rdance with DF	PA rules in the	e service of th	e State	of				
	to or greate	If a privately owned vehicle was read, and if ner than the gave met the	nileage rates ex ne requirements	ceea the minin as prescribed	ium rate, I cer by SAM Sect	ions 0750, 075	1, 0752, 075	3, and 0754 pt	was equ ertaining	g to				
	vehicle saf NT'S SIG	rd		DATE		(16.) SIGN	ATION A	2-		<u> </u>)D PA	YMENT	DATE . /	
	J	\sim	٠,									1.	6/14	/19
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						~ / /					-		, ,	

				Statement On Reverse Side						Page 1 of 1 Pages						
	NT'S NAM					SSAN OR	EMPLOYEE	NUMBER*			DEPAR	тмемт ernor's C	\ffico			
OSITI	Thom	188	.	CB/ID NUMBI	ER	DIVISION	OR BUREAL	<u> </u>			IGOVE		INDEX NUM	BER		
	etary				Office	Office of the Secretary of Educat						131 TELEPHONE NUMBER				
	NCE ADD	RESS *			HEADQUARTERS ADDRESS 1121 L Street #600											
	L Stre	eet #600										916-322-9204				
CITY STATE				,	ZIP CODE	CITY			STATE			zip co 95814				
Sacramento CA		95814		Sacramento				NSPORTA	CA		1					
1) MONTHMEAR June			(4)	(5) MEALS		T	(6)	(7)	(B)	(C)	(D)		(8) BUSINESS	(9) TOTAL		
2)		LOCATION WHERE EXPENSES	LODGING			O.T., L/T, N/C, RELO.	INCIDEN-			CARFARE,	PRIVA"	TE CAR USE	EXPENSE	EXPENS		
DATE	TIME	. WERE INCURRED		BREAK- FAST	LUNCH	OR DINNER		COST OF TRANS.	TYPE USED	TOLLS, PARKING	MILES	AMOUNT		FOR D		
	0500 ~															
2	2300	Sacto/San		6.00	10.00	41				13.00	-			29.0		
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		TOTALS		6.00	10.00					13.00				29.00		
Ç	TUMN	CODE (ACCTG: USE ONLY)														
	CLAII	W TOTAL										\$		20 N		
										· · · · · · · · · · · · · · · · · · ·	\$ 29.00					
		TRIP, REMARKS AND DETAILS (Allach rec ria Schriver event with Goveri				- Francisco.	CA				(12) NC	IRIVIAL WOR	CHOURS			
		100.1000.000									(13) PF	RIVATE VEHIC	CLE LICENSE	NUMBER		
													 			
					-						(14) MI	LEAGE RATE	: GLAIMED			
						·										
											AGENCY ACCOUNTING OFFICE USE ONLY					
													FUND CHECK			
		· · · · · · · · · · · · · · · · · · ·														
C	alifornia. If	RTIFY That the above is a true statement of a privately owned vehicle was used, and if m	ileage rates exc	eed the minim	um rate, I certi	fy that the cost	of operatting	lhe vehicle w	as equ	al				٠		
lo V	or greater chicle safel	than the rate claimed, and that I have met the	e requirements	as prescribed l	by SAM Section	ons 0750, 0751	, 0752, 0753,	and 0754 per 2	taining	to			,			
AMP			1	DATE		1 / ~~				1 22 5		T	DATE /			